

# Jacob's Learning Ladder Preschool and Adventure Club



## ENROLLMENT APPLICATION

**Child's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
First Mid Int. Last MM/DD/YYYY M/F

Child's Primary Residence \_\_\_\_\_

Home Church \_\_\_\_\_

### Parent/Guardian Information (Father)

Name \_\_\_\_\_

Living with child? Y N Deceased? Divorced? \_\_\_\_\_

Home Address \_\_\_\_\_

Street City Zip

Home Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Street City Zip

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Best way to contact \_\_\_\_\_

### Parent/Guardian Information (Mother)

Name \_\_\_\_\_

Living with child? Y N Deceased? Divorced? \_\_\_\_\_

Home Address \_\_\_\_\_

Street City Zip

Home Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Street City Zip

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Best way to contact \_\_\_\_\_

Siblings living at home—Names and ages \_\_\_\_\_

Other persons living in your home (grandparents, etc.) \_\_\_\_\_

Model and color of family vehicle(s) child may be picked up in \_\_\_\_\_

### Alternate/Emergency Pickup

Attach an additional page if necessary. **MUST** have at least one alternate pickup other than parents listed.

I give my consent for **only** the following persons to pick up my child from preschool and authorize them to care for my child in an emergency if parent cannot be reached.

#### #1

Name \_\_\_\_\_

Address \_\_\_\_\_

Street City Zip

Phone Number(s) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Model and color of vehicle \_\_\_\_\_

#### #2

Name \_\_\_\_\_

Address \_\_\_\_\_

Street City Zip

Phone Number(s) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Model and color of vehicle \_\_\_\_\_

#### #3

Name \_\_\_\_\_

Address \_\_\_\_\_

Street City Zip

Phone Number(s) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Model and color of vehicle \_\_\_\_\_

#### #4

Name \_\_\_\_\_

Address \_\_\_\_\_

Street City Zip

Phone Number(s) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Model and color of vehicle \_\_\_\_\_

## ENROLLMENT AGREEMENT

I agree to enroll my child \_\_\_\_\_ for the period beginning \_\_\_\_\_ until termination. If for any reason my child is unable to continue attending preschool, I will notify the school at least two (2) weeks in advance to allow for the vacancy to be filled without loss of tuition to the school.

I agree to pay the monthly tuition by the 10th of each month. I understand that I must pay each month that my child is enrolled, whether or not my child attends, to ensure my child's enrollment. **I understand a \$10 late fee is applied to my account after the 15th of each month if tuition fee is past due.** I understand that it is Jacob's Learning Ladder's policy not to refund any tuition fees.

I understand parents/guardians are responsible for updating any information changes regarding enrolled child in a timely manner.

I understand Jacob's Learning Ladder only considers for enrollment children immunized as recommended by the CDC (Centers for Disease Control and Prevention).

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

(witness should be someone who knows you, but not an immediate family member or JLL staff member)

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### **\*FOR OFFICE USE ONLY\***

Child starting date in the classroom

\_\_\_\_\_  
Month          Date          Year

Child's last day in the classroom

\_\_\_\_\_  
Month          Date          Year